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*Protocol : PrevAKI - Survey Part, Site : {Site}, Patient : {number}*

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**BIOMARKER GUIDED IMPLEMENTATION OF THE KDIGO GUIDELINES TO  
REDUCE THE OCCURRENCE OF AKI IN PATIENTS AFTER CARDIAC  
SURGERY (PREVAKI – MULTICENTER) - SURVEY PART**

Patient(e) {number}

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## Survey part

### INCLUSION CRITERIA

Patients undergoing cardiac surgery with CPB: ☐Yes ☐No  
 eGFR > 30ml/min/1.73m<sup>2</sup> ☐Yes ☐No  
 Age between 18 years and 90: ☐Yes ☐No

### PREOPERATIVE DATA (MARK WHERE APPLICABLE)

Female gender ☐Yes ☐No  
 Congestive heart failure ☐Yes ☐No  
 Left ventricular ejection fraction < 35% ☐Yes ☐No  
 Preoperative use of IABP ☐Yes ☐No  
 COPD ☐Yes ☐No  
 Insulin-requiring diabetes ☐Yes ☐No  
 Previous cardiac surgery ☐Yes ☐No  
 Emergency surgery ☐Yes ☐No  
 CABG only ☐Yes ☐No  
 Valve surgery only ☐Yes ☐No  
 CABG + valve ☐Yes ☐No  
 Other cardiac surgeries ☐Yes ☐No  
 Preoperative creatinine 1.2 to < 2.1 mg/dl ☐Yes ☐No  
 Preoperative creatinine ≥ 2.1 mg/dl ☐Yes ☐No  
 Pre-medication with ACEi or ARB ☐Yes ☐No

### KIDNEY FUNCTION

AKI within 72 hours after cardiac surgery ☐Yes ☐No  
 Severity of AKI: ☐KDIGO 1 ☐KDIGO 2 ☐KDIGO 3

### ARE THE KDIGO GUIDELINES FOR THE PREVENTION OF AKI APPLIED? (routinely intraop to 72 hours postop)

Application of nephrotoxic agents ☐Yes ☐No  
 Optimization of volume status and hemodynamic parameters (mean arterial pressure ≥ 65 mmHg) ☐Yes ☐No  
 Application of functional hemodynamic monitoring ☐Yes ☐No  
 Echocardiography ☐Yes ☐No  
 PAC ☐Yes ☐No  
 PICCO ☐Yes ☐No  
 Other methods ☐Yes ☐No  
 Close monitoring of serum creatinine (every 12h) and urinary output (hourly) ☐Yes ☐No  
 Hyperglycemia (> 150mg/dl or > 8.3 mmol/l for more than two consecutive hours, intraop up to 72h postop) ☐Yes ☐No  
 Application of radio contrast agents ☐Yes ☐No  
 Discontinuation of ACEi and ARBs for 48h ☐Yes ☐No  
 Application of HES (intraop up to 72h postop) ☐Yes ☐No  
 Application of gelatin (intraop up to 72h postop) ☐Yes ☐No  
 Application of chloride-rich solution (intraop up to 72h postop) ☐Yes ☐No

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## Data validation

Validation by the investigator :

I accept the responsibility and confirm that all the data entered in the present eCRF are exact, complete and are the actual replica of the patient's medical record on site.

Investigator's name : {name of investigator}

Validated on {date of validation}